

DECLARATION FOR PATENT APPLICATION

Attorney's Docket No:

106010

I, a below named inventor, hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that I verily believe that I am the original, first and sole inventor if only one inventor is listed below, or a joint inventor if plural inventors are named below, of the invention entitled:

**STRIPPING PROCESS WITH DISPROPORTIONATELY
DISTRIBUTED OPENINGS ON BAFFLES**

described and claimed in the specification which:

☒ is attached hereto, or

☐ was filed on _____ as:

☐ Application No. _____, or

☐ Express Mail No. _____

(as Application No. not yet known) and was amended on

_____ (if applicable);

this application discloses and claims subject matter disclosed in earlier filed Application Serial No. _____ filed _____.

I hereby claim the benefit under Title 35, United States Code §120 of said prior United States application(s);

I have reviewed and understand the contents of the specification, including the claims; that I acknowledge my duty to disclose information of which I am aware which is material to patentability as defined in 37 CFR 1.56 and my duty to disclose information which became available between the filing date of the prior application and the national or PCT international filing date of this application which is material to patentability as defined in 37 CFR 1.56;

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

(Number)	NONE (Country)	(Day/Mo/Yr Filed)	[] Yes	[] No
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POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys and/or agents to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

JOHN G. TOLOMEI, Reg. No. 30,809
RICHARD E. CONSER, Reg. No. 34,091
JOHN G. CUTTS, JR., Reg. No. 27,866
MARK GOLDBERG, Reg. No. 29,921
JAMES W. HELLWEGE, Reg. No. 28,808
MARYANN MAAS, Reg. No. 38,954
THOMAS K. MC BRIDE, Reg. No. 24,535
FRANK S. MOLINARO, Reg. No. 32,710
MICHAEL A. MOORE, Reg. No. 41,203
JAMES C. PASCHALL, Reg. No. 36,887
JOHN F. SPEARS, JR., Reg. No. 27,392

SEND CORRESPONDENCE TO:

JOHN G. TOLOMEI
UOP LLC
PATENT DEPARTMENT
25 EAST ALGONQUIN ROAD
P.O. BOX 5017
DES PLAINES, IL 60017-5017

DIRECT TELEPHONE CALLS TO:
(name and telephone number)

Primary Attorney/Agent: JAMES C. PASCHALL
(847) 391-2355
(847) 391-2387 (Fax)

Alternate Attorney/Agent: JOHN F. SPEARS, JR.
(847) 391-2037
(847) 391-2387 (Fax)

Washington Counsel: JAMES W. HELLWEGE
(703) 205-8021

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full name of first inventor BRIAN W. HEDRICK
Inventor's Signature Brian W Hedrick
Date Nov 13, 2001
Country of Citizenship UNITED STATES OF AMERICA
Residence ROLLING MEADOWS, ILLINOIS
Mailing Address UOP LLC
P.O. BOX 5017
DES PLAINES, IL 60017-5017

DES PLAINES, ILLINOIS 60017-5017

1. General Information	
Name	John Doe
Address	123 Main St, New York, NY 10001
Phone	(212) 555-1234
Age	35
Gender	Male
Occupation	Software Engineer
Education	B.S. in Computer Science
Marital Status	Single
Religion	Christian
Political Affiliation	Democrat
Interests	Reading, Hiking, Music
Emergency Contact	John Doe, (212) 555-1234
Signature	[Signature]
Date	10/26/2023
2. Financial Information	
Annual Income	\$75,000
Monthly Expenses	\$2,500
Assets	House, Car, Stocks
Liabilities	Mortgage, Credit Card
Net Worth	\$150,000
Investment History	5 years in Tech, 3 years in Real Estate
Financial Goals	Retire in 20 years, Buy a second home
Financial Advisor	John Doe, (212) 555-1234
Signature	[Signature]
Date	10/26/2023
3. Medical History	
Current Health	Good
Chronic Conditions	None
Recent Surgeries	Appendectomy (2015)
Medications	None
Family History	Heart Disease (Mother), Diabetes (Father)
Insurance	Blue Cross of New York
Physician	John Doe, (212) 555-1234
Signature	[Signature]
Date	10/26/2023
4. Legal Information	
Current Status	Good
Recent Legal Issues	None
Attorney	John Doe, (212) 555-1234
Signature	[Signature]
Date	10/26/2023
5. Other Information	
Comments	Overall good health, no major concerns.
Next Appointment	11/23/2023
Physician	John Doe, (212) 555-1234
Signature	[Signature]
Date	10/26/2023